MAISON GENERAL HOSPITAL FOUNDATION AUXILIARY
HIGH SCHOOL SCHOLARSHIP APPLICATION (Medical Related Fields)

Application Deadline: March 29, 2019

MGHF Auxiliary

Full Name: ________________________________________________________________

(Last) (First) (Middle)

Address: _________________________________________________________________

(Street) (City, State) (Zip Code)

Phone Number(s): __________________________________________________________

E-Mail Address: ____________________________________________________________

High School Attended: _____________________________________________________

GPA: _______________ Graduation Date: ________________________________

College/University planning to attend: ________________________________________

Area of Interest or Major: _________________________________________________

High School and/or Community Activities: _____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Work Experience: __________________________________________________________

Please attach these items to this completed sheet:

1) An official copy of your high school academic transcript (Unopened)

2) Two letters of recommendation, one must be from an instructor.

3) A one-page statement of your personal and academic goals and accomplishments.

4) Photo (Optional)

Return completed applications to: High School Counselor

** If additional space is needed, please attach